

Gun Buy Back

This survey is completely anonymous. Please answer questions honestly.

Thank you for your participation.

Have you every turned in a firearm(s) before?

- Yes
 No
 Don't Know
 (Select one)

Is/are there any firearm(s) left at your home?

- Yes
 No
 Maybe
 (select one)

Did you turn in the firearm(s) for safety reasons?

- Yes
 No
 Don't Know
 (please select one)

Why did you turn in your firearm(s) today?

- You were afraid of the firearm(s)
 You, or someone you know personally had a bad experience with a firearm(s)
 You were concerned that children would get and use the firearm(s)
 You believed there would be a shooting in your home
 You were concerned that firearm(s) might be used against you
 A family member asked you to turn it in
 You cannot store it properly
 You didn't need the firearm(s)
 You didn't know how to use the firearm(s)
 You wanted or needed the gift certificates
 Other
 (select all that apply)

If selected other please describe

(please describe)

Have you ever had any formal training on how to use a firearm(s)?

- Yes
 No
 Don't Know
 (please select one)

If YES

- Military
 Police/Law Enforcement Firearms Training
 Private Pistol Permit (NRA-Handgun Safety Course)
 Other
 (select all that apply)

If you selected other, please describe

(please describe)

Do you personally know anyone who has been injured by a firearm(s)?

- Yes
 No
 Don't Know
 (please select one)

Have you every read any firearm safety information?

- Yes
 No
 Don't know
 (select one)

If YES check all that apply

- Newspaper/Radio/TV
 - Sportsman/ Club Sponsor Program
 - In School
 - Physician's Office
 - Emergency Room
 - Online
 - Other
- (select all that apply)

If you selected other please describe

_____ (please describe)

We would like to learn a little more about the firearm(s) you turned in today. Did you buy the firearm(s)?

- Yes
 - No
 - Don't Know
- (Select one)

If YES, did you buy it at a:

- Pawnshop
 - Mail Order
 - Private Sale
 - Gun Store
 - Gun Show
 - Classified Ad
 - Sporting section of a department store (i.e. Walmart, Dick's, Sports Authority)
- (Select one)

If NO how did you obtain the firearm(s)?

- Inherited it
 - As a gift
 - Found it
 - Other
- (select one)

If you selected other please describe

_____ (please describe)

Do you feel that your home is safer since you turned in your weapon(s)?

- Yes
 - No
 - Don't Know
- (select one)

Do you feel that this gun buyback program makes your community/neighborhood more aware of the risks of firearms?

- Yes
 - No
 - Don't Know
- (Select one)

How many people do you know who have a firearm on their property including home and or vehicle?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6 or more
- (select one)

Would any of them consider bringing in the firearms into a future gun buyback?

- Yes
 - No
 - Don't know
 - N/A- Don't know anyone with a firearm
- (Select one)

What do you think would motivate them to turn them in?

_____ (please describe)

Do you keep any firearms that you may possess locked?

- Yes
 No
 Don't Know
 N/A- No guns in the home
(select one)

What is your age?

- 15-24
 25-34
 35-44
 45-54
 55 or older
(Select one)

Are you Male or Female?

- Male
 Female
(Select one)

What is your race?

- White/Caucasian
 Black/African American
 Asian/Pacific Islander
 American Indian/Native American
 Hispanic
 Other
(select one)

If selected other, please describe

(Please describe)

Do you have any children living with you or that visit your home that can potentially have access to your firearms?

- Yes
 No
 Don't Know
(please select one)

Are you a Military Veteran?

- Yes
 No

Has there been a history of mental illness of anyone living in your home?

- Yes
 No
 I don't know
(Select one)

Have you or anyone in your household ever thought about or attempted suicide?

- Yes
 No
 Don't Know
(Select one)

Have any of your family members died by suicide?

- Yes
 No
 Don't Know
(Select one)

Is there a history of domestic violence in your home?

- Yes
 No
 Don't Know
(Select one)

Are you interested in receiving gun locks to properly store any other firearms?

- Yes
 No
 Don't know
 N/A- No guns remaining in home
(select one)

What is your Zip Code?
